

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA

TRANSCRIPT ORDER FORM

Use one form per court reporter

****Please read instructions on next page****

1. ATTORNEY NAME Peter M. Torstensen, Jr.	2. PHONE NUMBER 406-444-2026	3. EMAIL ADDRESS (for transcript delivery) peter.torstensen@mt.gov					
4. MAILING ADDRESS (including law firm name, if applicable) Montana Attorney General's Office P.O. Box 201401 Helena, MT 59620-1401		5. NAME & ROLE OF PARTY REPRESENTED: If not a party, use non-party request form. Austin Knudsen, in his official capacity as Attorney General					
		6. CASE NAME Alario, et al v. Knudsen; TikTok, Inc. v. Knudsen					
		7. DISTRICT COURT CASE NUMBER 9:23-cv-00056-DWM; 9:23-cv-0061-DWM					
8. COURT REPORTER NAME: Use a separate form for each court reporter. JoAnn Corson		9. COURT OF APPEALS CASE NUMBER (if applicable)					
10. THIS TRANSCRIPT ORDER IS FOR:							
<input checked="" type="radio"/> APPEAL <input type="radio"/> NON-APPEAL				<input type="checkbox"/> CJA <input type="checkbox"/> IN FORMA PAUPERIS (court order attached)			
11. TRANSCRIPT REQUESTED: For each transcript requested, please specify the date of the proceeding, the proceeding or partial proceeding requested, the transcript format, and the delivery time. Financial arrangements must be made with the court reporter before transcript is prepared.							
DATE	PROCEEDING If requesting a partial proceeding, specify portion (e.g., witness or time).	PAPER Full Size	PAPER A-Z Word Index	E-MAIL PDF	E-MAIL ASCII	E-MAIL A-Z Word Index	DELIVERY TIME
10/12/2023	Preliminary Injunction Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7-day <input type="button" value="v"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30-day
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30-day
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30-day
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30-day
12. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:							
13. SIGNATURE Peter M. Torstensen, Jr.				14. DATE 1/2/2024			

Please remember to flatten form before filing.